

CLAIMS ONLY							Application Number 1074240		Filing Date					
							Applicant(s)							
									* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend		
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48							98							
49							99							
50							100							
Total Indep							Total Indep							
Total Depend							Total Depend							
Total Claims							Total Claims							

Filing Date

Applicant(s)

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